

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 13 1942 85

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41387

State File No.

1229

Registration District No.

Primary Registration District No. 1001

Registrar's No.

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2018 St Francis St Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days)
In this community 50 years

3. (a) PRINT FULL NAME

George F. Hughes

(b) If veteran, name war.

none

(c) Social Security No.

none

4. Sex

Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife

Leslie

6. (c) Age of husband or wife if alive years

7. Birth date of deceased.

June 5 1857
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

84

6

22

hr. min.

9. Birthplace.

unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation

Retired Employee

11. Industry or business

Burlington Shops

12. Name

unknown Hughes

13. Birthplace

unknown Nebraska
(City, town, or county) (State or foreign country)

14. Maiden name

unknown

15. Birthplace

unknown
(City, town, or county) (State or foreign country)

16. (a) Informant

Clara Hughes

(b) Address

1003 South 15th

17. (a)

Removal
(Burial, cremation, or removal)

(b) Date thereof

12-30-41
(Month) (Day) (Year)

(c) Place: burial or cremation

Belvidere Neb

18. (a) Signature of funeral director

Tracy Gary Tunnell

(b) Address

218 South 10th St

19. (a)

12-29-41
(Date received local registrar)

(b)

A. H. Heston
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. RR #5
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27 year 1941 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from December 26 41 to Dec, 27 41
that I last saw im alive on Dec 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death.

Cerebral Thrombosis

Duration

Due to Senility

Due to Arteriosclerosis General

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 94 a

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature G. E. Hughes (D. or other)
Address 211 Kirkpatrick Date signed 12/29/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

85

(Licensed Embalmer's Statement on Reverse Side) ST. JOSEPH

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Victor J. Barry

Licensed Embalmer No. *4212*

P. O. Address *St Joseph Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.